## 11030574204

**FEC** 

FORM 1

**RECEIVED** 

STATEMENT OF ORGANIZATION

## 2011 FEB 17 AM 9: 56 FEC MAIL CENTER

Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	·										
Lehigh Hanson,₁Inc.₁F	Political Action Cor	nmittee	<del>                                     </del>											
<u> </u>			<del></del>											
ADDRESS (number and street)	[300 E John,Car	penter Freeway	1 1 1 1 1 1											
(Check if address														
is changed)	[Irving		J TXI	75062  -										
		CITY	STATE	ZIP CODE										
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only on	e e-mail address)												
(Check if address	slming@com	erica.com												
is changed)	<u> </u>													
COMMITTEE'S WEB PAGE ADD	DRESS (URL)													
(Check if address														
is changed)														
2. DATE 02 14	i ' ' 2'01'1 '													
3. FEC IDENTIFICATION NU	IMBER C													
4. IS THIS STATEMENT ✓	NEW (N) OR	AMENDED (A	4)											
I certify that I have examined th	is Statement and to the b	est of my knowledge and bel	lief it is true, correct	and complete.										
Type or Print Name of Treasurer	Mark Conte													
			M_ <u>M</u>	/ D. D / Y -Y -Y .Y . Y										
Signature of Treasurer	race ca		Date 02	′ °14° ′ ′ 2′01′1 ′										
NOTE: Submission of false, errone		ion may subject the person sign	-	the penalties of 2 U.S.C. §437g.										
Office Use Only		For further informat Federal Election Com Toll Free 800-424-953 Local 202-694-1100	nmission	FEC FORM 1 (Revised 02/2009)										

FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF C	OMMITTEE Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
Name of Candidate		
Candidate	Office Sanata President	State
Party Affiliati	on Sought: House Senate President	District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee:	(Damasantia
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e) <b>√</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	onnected organization is a:
	✓ Corporation Wo Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
<b>(f)</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Labbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	raising Representative:	<del></del>
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number C	
3.	FEC ID number C	
4.	FEC ID number C	

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Write or Type Committee Name	e	
Lehigh Hanson, Inc. Political A	Action Committee	
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
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Lehigh Hanson, Inc.		<u> </u>
	1200 5 15 15 20 5 15 15 15 15 15 15 15 15 15 15 15 15 1	<del></del>
Mailing Address	300 E John Carpenter Freeway	
	[Irving]                   TX   750	<u> 62</u>
	CITY STATE	ZIP CODE
Relationship: 🗸 Connected	d Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in po	ssession of committee
Full Name   Come	rica Bank	
Mailing Address	[P.Q. Box,75000 , , , , , , , , , , , , , , , , , ,	
	[MC2250]	
	[Detroit	275  -  2250
Title or Position	CITY STATE	ZIP CODE
[Reçordkeeper, ,	Telephone number 248 - 3	371  - [ 7268 ]
3. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	arne and address of
Full Name of Treasurer Mark C	onte, , , , , , , , , , , , , , , , , , ,	
Mailing Address	[300 E John Carpenter Freeway	
	CITY STATE	062 ZIP CODE
Title or Position  Corporate Control		653

Name of Bank, Depository, etc.

Agent

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Name of Bank, D	Depository, e	tc.																	-										
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Federal Election ENVELOPE REPLACEMENT PAGE The FEC added this page to the end of the	E FOR INCOMING	
Hand Delivered		Date of Receipt
USPS First Class Mail		Postmarked
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USPS Priority Mail		Postmarked
Delivery Confirmation™ o	or Signature Confirm	ation™ Label
USPS Express Mail		Postmarked
Postmark Illegible		
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Received from House Records & Regist	tration Office	Date of Receipt
Received from Senate Public Records C	Office	Date of Receipt
Received from Electronic Filing Office		Date of Receipt
Other (Specify):	Date of Red	ceipt or Postmarked
n		2/17/11
PREPARER (3/2005)		DATE PREPARED
(3/2005)		